

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 08/08/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 08/10/2004						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAINM	11	239	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
		8505	18	CLAIM DENIED DUE TO INSUFFICIE	5	262	262	0
				NT BUDGET				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN	8599	343	DETAIL NOT COVERED BY COMBINAT				
	DS LME			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	183	CLAIM DENIED DUE TO INSUFFICIE	51	668	4445	3777
				NT BUDGET				
		167	36	NO CHARGE BILLED. ENTER BILLED				
				AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
3404905	TREND COMM MENT	8525	46	CLAIM DENIED, REFERRING PROVID				
	AL HLTH CTR			ER MUST BE AN LMA.				
		8326	17	ATTENDING PROVIDER NUMBER IS R	0	63	63	0
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
3404907	RUTHERFORD-POLK	8326	164	ATTENDING PROVIDER NUMBER IS R				
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		0	0		0	164	164	0
3404910	PATHWAYS	8517	144	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		11	136	CLIENT NOT ELIGIBLE ON SERVICE	0	329	473	144
				DATE				
		8599	43	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM	8931	119	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		8599	90	DETAIL NOT COVERED BY COMBINAT	126	350	5084	4734
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	51	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404913	MECKLENBURG COM	8517	1295	CLAIMS DENIED, SUBMITTED BEYON				
	ENTAL HEALT			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		11	695	CLIENT NOT ELIGIBLE ON SERVICE	152	2606	3795	1189
				DATE				
		8599	308	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404916	CROSSROADS BEHA VIOAL REAL	8505	82	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		10	57	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	220	1313	1093
		8000	45	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404917	CENTERPOINT HUM AN SERVICES	8517	765	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		120	408	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	202	2228	7873	5645
		8599	263	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M ENTAL HEALT	23	1495	SERVICE REQUIRES PRIOR APPROVA L				
		11	164	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1742	1834	92
		537	70	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404919	GUILFORD CO MEN TAL HEALTHC	8517	473	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	405	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	212	1299	7806	6507
		8935	127	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASWEL L AREA MH D	8517	242	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	69	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	11	394	2668	2274
		191	26	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404921	ORANGE PERSON C HATHAM AREA	5312	1104	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	180	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	31	1677	4987	3310
		8599	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8517	12687	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		191	348	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	2	13147	13620	473
		143	63	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404923	VGFW AREA AUTHORITY	8599	774	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		537	207	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE	0	1005	1265	260
		191	11	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404925	SANDHILLS CENTER FOR MH/DD	8599	3360	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	1000	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	168	6869	9137	2268
		537	922	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
3404926	SOUTHEASTERN REGIONAL MENTAL HEALTH	8599	2537	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	797	CLIENT NOT ELIGIBLE ON SERVICE DATE	193	4007	6739	2732
		23	143	SERVICE REQUIRES PRIOR APPROVAL				
3404927	CUMBERLAND COUNTY MHC	8599	371	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	201	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	843	4711	3868
		8517	117	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
3404929	LEE HARNETT MH/DD/SAS	8326	517	ATTENDING PROVIDER NUMBER IS REQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		11	122	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	658	750	92
		8505	8	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
3404930	JOHNSTON COUNTY MENTAL HEALTH	8599	86	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	51	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	0	146	557	411
		11	6	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404931	WAKE COUNTY HUMAN SERVICES BILLING OFFICE	8517	1263	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		8505	657	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	34	2930	6334	3404
		11	542	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404932	RANDOLPH/SANDHILL COUNTY MHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404933	SOUTHEASTERN CT R FOR MH/DD	11	72	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	62	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	21	229	1591	1362
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLOW COUNTY B EHAVIORAL H	23	214	SERVICE REQUIRES PRIOR APPROVA L				
		8329	55	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	345	393	48
		8625	34	SIX OCCURRENCES OF ASAO SERVIC ES HAVE PROCESSED AND PAID, PA IS REQUIRED FOR ADDITIONAL SER				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	52	DUPLICATE OF CLAIM-SYSTEM				
		8517	50	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	45	179	1815	1636
		8931	36	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	21	1605	DUPLICATE OF CLAIM-SYSTEM				
		8517	836	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	35	2770	7230	4460
		8599	198	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFw DBA RIVERS TONE COUNSE	8517	387	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	256	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	24	750	1331	581
		24	20	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	1035	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		24	133	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	0	1381	1572	187
		11	109	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404941	PITT CO MH/DD/S AS CENTER	8329	261	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
		8517	186	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED	35	794	1561	767
		143	54	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404942	ROANOKE CHOWAN UMAN SERVICE	8599	38	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	16	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED	17	96	1220	1124
		11	16	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404943	ALBEMARLE MENTAL HEALTH CENTER	8329	439	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
		8599	54	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	72	656	1281	625
		8931	47	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404944	EASTPOINTE HUMAN SERVICES	8599	2678	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	79	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	130	2923	6983	4060
		8517	48	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
3404946	FOOTHILLS AREA MENTAL HEALTH	8517	345	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		8599	252	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	681	4061	3380
		191	48	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404957	TIDELAND MENTAL HEALTH CENTER	8505	96	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		10	15	DIAGNOSIS OR SERVICE INVALID FOR OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	18	138	819	681
		8931	10	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404959	DAVIDSON COUNTY MENTAL HEALTH CENTER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREA MH/DD/SA PROGRAM	11	319	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	45	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	364	636	272